



CARVER SELECT BOARD

Richard J. LaFond
Interim Town Administrator

Elaine Weston
Assistant Town Administrator/
Human Resource Coordinator

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CRIMINAL OFFENDER RECORD INFORMATION (CORI) & SEXUAL OFFENDER RECORD INFORMATION (SORI) ACKNOWLEDGEMENT FORM

The Assistant to the Town Administrator, is registered under the provisions of M.G.L. c. 6, § 172, 178 C-P & 803CMR1 to receive CORI/SORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI & SORI check will be submitted for my personal information to the DCJIS & SORB. I hereby acknowledge and provide permission to submit a CORI & SORI check for my information to the DCJIS & SORB. This authorization is valid for three years from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI & SORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY;

The TOWN OF CARVER may conduct subsequent CORI & SORI checks within three years of the date this form was signed by me provided, however, that the employer must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI & SORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

ID REQUIRED: CURRENT MA DRIVER'S LICENSE.

IF YOU ARE NOT IN POSSESSION OF A MA DRIVER'S LICENSE, ONE OF THE FOLLOWING DOCUMENTS IS ACCEPTABLE: SOCIAL SECURITY CARD OR ANY GOVERNMENT ISSUED DOCUMENT CONTAINING YOUR SOCIAL SECURITY NUMBER.

SIGNATURE

DATE

S:\HumanResources\CORI\CORI-SORI Acknowledgement form.docx

ALL INFORMATION MUST BE PRINTED & IN INK – DO NOT LEAVE ANY FIELDS BLANK

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth Place of Birth

Social Security Number: _____ - _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Maiden Name (First, Last) Father's Name (First, Last)

Current Address:

Street Name & Number City/Town State Zip

Former Address:

Street Name & Number City/Town State Zip

For Town Use ONLY – Do not write in the section below

The above information was verified by reviewing the following form(s) of government-issued identification:

- _____
- _____

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee